FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000090816 (7)

1. Corporation Name

COMBUSTION TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
~~29511 COUNTY RD. 561~~ ~~TAVARES FL 32778~~	~~29511 COUNTY RD. 561~~ ~~TAVARES FL 32778~~

3. Date Incorporated or Qualified: 12/14/1994
3a. Date of Last Report: 08/09/1995

2. Principal Place of Business	2a. Mailing Address
21 411 South Hwy 33	26 411 South Hwy 33
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State: Groveland, FL	28 City & State: Groveland, FL
24 Zip: 34736 / 25 Country: USA	29 Zip: 34736 / 30 Country: USA

4. FEI Number: 59-3288289 ~~APPLIED FOR~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOODS, LARRY G ~~29511 C.R. 561~~ ~~TAVARES FL 32778~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 411 South Hwy 33 83 84 City: Groveland FL 85 Zip Code: 34736

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Joy Gonano, Director — DATE: 08/05/96
(Signature of new registered agent required when revising) (NOTE: Registered Agent signature required when revising)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOODS, LARRY G ~~29511 C.R. 561~~ ~~TAVARES FL 32778~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 411 South Hwy 33 Groveland, FL 34736
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONANO, JOY ~~29511 C.R. 561~~ ~~TAVARES FL 32778~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 411 South Hwy 33 Groveland, FL 34736
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAFARIK, C. ROBERT ~~29511 C.R. 561~~ ~~TAVARES FL 32778~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 411 South Hwy 33 Groveland, FL 34736
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joy Gonano — 08/05/96 — 352/429-9030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Joy Gonano, Director